DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2001-009
In Reply Refer To: 132 or 13B

June 12, 2001

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES FOR VA HEALTH CARE PRACTITIONERS

1. This Information Letter serves as an announcement for the revised Hepatitis C Testing and Prevention Counseling Guidelines for Department of Veterans Affairs (VA) Health Care Practitioners; and it introduces newly updated materials on the VA Hepatitis C Website created by the Centers of Excellence in Hepatitis C Education and Research, Public Health Strategic Healthcare Group. ***NOTE:*** *The Hepatitis Web site is:* ***http://www.va.gov/hepatitisc***

2. Hepatitis C is recognized as a serious national public health problem. It is the most common chronic bloodborne infection in the United States. Over 4 million Americans are believed to be infected, and approximately 36,000 new infections occur annually. Incidence and prevalence rates are higher among nonwhite racial and ethnic groups. The highest U.S. prevalence is in males between the ages of 30 to 49 years. Yet, only about 25 to 30 percent of these infections will be diagnosed. Hepatitis C is the leading cause of liver transplantations in the United States. Hepatitis C is known to be responsible for 8,000 to 10,000 deaths annually, and this number is expected to increase substantially in the next 10 to 20 years. Hepatitis C has particular importance for VA because of its prevalence in the Veterans Health Administration (VHA) user. While the exact prevalence of hepatitis C among VHA users is unknown, based on limited surveys, the prevalence rates among the VHA users is likely to be higher than the national prevalence. In response to these statistics, the VA is committed broad access to appropriate hepatitis C screening and testing. In October 1998, the Under Secretary for Health outlined known risk factors for exposure to hepatitis C, testing considerations for detection of antibodies, and diagnosis using the enzyme immunoassay (EIA), viral ribonucleic acid (RNA) and recombinant immunoblot assay (RIBA) technologies. It conveyed the need for early detection of hepatitis C infection, reducing the risk of transmission to others, and its impact on treatment, especially with the advent of improved treatment options.

3. These guidelines revise and replace the previous guidelines drafted by the Centers of Excellence in Hepatitis C Research and Education. Previous guidelines were initially presented at a VA Hepatitis C symposium in 1999. The revision presents changes in the following areas:

a. Documentation and charting practices;

b. Goals and objectives;

c. Role of counseling and education during the testing process; and

d. Importance of prevention concepts, such as behavior change and noting risks for co-morbidity for human immunodeficiency virus (HIV) and other diseases.

4. The guidelines serve to:

a. Provide guidance to all current and potential providers of hepatitis C testing and prevention counseling.

b. Acknowledge the need for flexibility in their use, depending on providers' situations and patients' needs.

c. Underscore the importance of making testing and counseling more accessible and available.

d. Underscore the need to increase the numbers of infected persons who know their hepatitis C status.

e. Strengthen the recommendation to identify, document and meet referral needs.

5. The Hepatitis C Testing and Prevention Counseling Guidelines are posted (under Education in the Provider section) on the Department of Veterans Affairs Centers of Excellence in Hepatitis C Research and Education HCV website at http://www.va.gov/hepatitisc. This website is the official VA site for information on hepatitis C, treatment, research, and related resources. Twenty-four patient educational topics are presented at a patient-friendly reading level that can be printed easily from any printer. Sixteen provider-specific topics offer practitioners easy access to information on hepatitis C and treatment issues. The site maintains updates of recent events and developments in hepatitis C.

6. The following attachments will be helpful:

a. **Attachment A.** Hepatitis C Testing and Prevention Counseling Guidelines

b. **Attachment B.** Resources for Health Care providers

c. **Attachment C.** Resources for Patients

d. **Attachment D.** Sample Questions for Clinicians to Use During Risk Assessment for Hepatitis C

7. **Reference.** The Centers for Disease Control and prevention (CDC), "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease," Morbidity and Mortality Weekly Report (MMWR). 1998;47(No.RR-19): 1-33.
NOTE: *The web address is:* *http://www.cdc.gov*

8. Questions may be referred to Troy Knighton, Director, Training and Education, with the Public Health Strategic Health Care Group (132/13B), at 202 273-8382, or e-mail to: troy.knighton@hq.med.va.gov

S/ by Frances Murphy, M.D. for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 6/13/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 6/13/2001

ATTACHMENT A

HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES

1. PURPOSE. The Hepatitis C Testing and Prevention Counseling Guidelines for Department of Veterans Affairs (VA) Health Care Practitioners can be used to assist health care providers in VA medical centers who are counseling and testing their patients for the hepatitis C virus. We urge health care providers to use these guidelines in conjunction with the recommendations and reports provided by the Center for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). Additional copies of this document may be obtained by visiting the VA Medical Centers of Excellence in Hepatitis C Research and Education at the following Web address: http://www.va.gov/hepatitisc ***NOTE:*** *Contact the CDC Hepatitis C Division or the VA Centers of Excellence in Hepatitis C Research and Education for additional information.*

2. OBJECTIVE OF THE HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES. The Objective of the Hepatitis C Testing and Prevention Counseling Guidelines for VA Health Care Practitioners is to offer guidelines to providers in a variety of VA settings who assist veterans in identifying their hepatitis C status, provide education, and help facilitate behavior changes that will reduce their risk of acquiring or transmitting the hepatitis C virus.

3. IMPORTANCE OF THE HEPATITIS C TESTING AND PREVENTION COUNSELING GUIDELINES TO VA MEDICAL CENTERS AND THE VETERANS SERVED. The hepatitis C virus is a blood-borne virus that affects over four million individuals in the United States and is one of the leading causes of liver transplantation in this country. Studies conducted at VA medical facilities have shown a significant prevalence of hepatitis C infection among the veteran population. In response to the physical, social, and emotional challenges of being tested and counseled for hepatitis C, VA, through its Centers of Excellence in Hepatitis C Research and Education, have developed the following guidelines to assist health care providers who counsel and test patients for hepatitis C.

4. GOALS. The goals of hepatitis C testing and prevention counseling at VA medical centers are to:

a. Assist in the decision process to be tested for hepatitis C.

b. Provide education and information on hepatitis C, including transmission, treatment, and resources.

c. Assess patient risk and develop an individualized risk-reduction plan.

d. Prepare the patient for delivery and interpretation of test results.

e. Identify patients with hepatitis C and link them to medical resources and treatment.

f. Provide appropriate referrals to support services.

5. STAGES OF COUNSELING PATIENTS FOR HEPATITIS C

a. **Stage 1: Pretest Counseling**

(1) **Introduction to Testing**

(a) Discuss the VA's commitment to testing and screening for hepatitis C in response to the significant prevalence of hepatitis C infection among veterans.

(b) Reinforce with the patient that testing for hepatitis C is voluntary. Refusal by the patient to have a test performed will not impede the patient's access to health care.

(2) **Establish and Identify your Patient's Risk for Hepatitis C**

(a) Identify and discuss behaviors and history that may pose risk for hepatitis C.

(b) Document risk factors for hepatitis C.

(3) Utilize the VA Screening Guidelines for Antibody Testing for Hepatitis C.

(a) Patient desires to be tested, or

(b) One or more of the following risks are identified:

1. Vietnam-era veterans. ***NOTE:*** *As currently determined by dates of service or in the age range of 40 to 55 years.*

2. Blood transfusion before 1992.

3. Past or present intravenous drug use.

4. Unequivocal blood exposure of skin or mucous membranes.

5. History of multiple sexual partners. ***NOTE:*** *Defined as more than ten lifetime partners.*

6. History of hemodialysis.

7. Tattoo or repeated body piercing.

8. History of intranasal cocaine use.

9. Unexplained liver disease.

10. Unexplained and/or abnormal alanine aminotransferase (ALT).

11. Intemperate or immoderate use of alcohol. ***NOTE:*** *Defined as more than 50 grams (g) of alcohol per day for 10 or more years (roughly 10-14 grams of alcohol = 1 beer).*

NOTE: *These variables may be interrelated and are not necessarily independently related to risk for hepatitis C.*

(4) **Referrals.** Discuss referrals for voluntary screening and testing for other diseases that may share some risk factors with hepatitis C such as human immunodeficiency virus (HIV) and hepatitis B, particularly if the risk history reveals that the patient is engaging in the following:

(a) Unprotected sex with multiple partners, or a partner known to be infected with HIV or hepatitis B.

(b) Intravenous (I.V.) drug use, especially sharing works with others.

(c) Exchange of sex for money and/or drugs.

(5) **Work with Patient to Develop a Risk-Reduction Plan**

(a) Discuss ways to prevent transmission of the hepatitis C virus to self or others based on risk factors identified during the risk assessment.

(b) Based on risk factors identified, encourage the patient to undergo testing and screening for other conditions such as hepatitis B, HIV and sexually transmitted diseases (STDs) and provide possible referrals for testing and screening.

(c) Address strategies to reduce risk based on the Centers for Disease Control and Prevention guidelines.

(6) **Assess Patient's Readiness and Resources for Prevention of Hepatitis C Virus Infection and Transmission**

(a) Inquire into patient's ability and willingness to minimize infection and perceived self-efficacy in prevention of infection.

(b) Discuss any cultural issues and/or barriers that prevent the patient from reducing risk of hepatitis C virus infection, including previous attempts at preventive behaviors that were unsuccessful.

(c) Based on the individual risk for hepatitis C virus infection, assist the patient in identifying and generating risk-reduction strategies that the patient would be comfortable using, such as utilizing needle-exchange programs in the community instead of reusing needles.

(d) Provide information and referrals if necessary that may assist the patient in reducing risk for hepatitis C such as chemical dependence counseling and/or support groups.

(7) **Decision.** Assist patient with the decision to be tested for hepatitis C. ***NOTE:*** *Use risk assessment and risk-reduction plan as a guide. If patient does not decide to test, provide written information and document decision and pertinent risk factors discussed.*

(8) **If patient decides to test, proceed with the following steps:**

(a) Discuss testing methods and procedures

1. Testing is voluntary.

2. Refusal to have a hepatitis C antibody test performed will not impede the patient's access to health care.

3. Explain to the patient that blood will be drawn and tested for the hepatitis C antibody.

4. Explain conditions of confidentiality. Emphasize to patient that the result of the test will be stored in the patient's medical chart. Any illegal or unauthorized use of the hepatitis C test result, or any other aspect of the patient's medical history, is strictly prohibited by VA.

(b) Briefly discuss the natural history of hepatitis C.

1. The majority of people with hepatitis C present with few or no symptoms, but many of these people can still transmit the hepatitis C virus.

2. Many people develop chronic hepatitis C infection and a subset of this population may develop significant liver disease.

3. The antibody can be detected in roughly 80 percent of patients within 15 weeks of exposure and >97 percent within 6 months of exposure.

4. Elevated liver enzymes such as serum alanine aminotransferase (ALT) are usually the first indication of infection, but normal liver enzyme levels do not indicate resolution of hepatitis C virus infection.

(c) Discuss some ways in which hepatitis C is not spread. According to the Centers for Disease Control and Prevention, the hepatitis C virus is not spread by:

1. Sneezing,

2. Coughing,

3. Hugging,

4. Food or water,

5. Sharing eating utensils or drinking glasses, or

6. Casual contact.

(d) Discuss the advantages and disadvantages for the patient of knowing the patient's own serological status:

1. **Advantages**

a. Patients may find reassurance in knowing their test results.

b. Education on transmission prevention for those who test positive can help prevent transmission to family members, sexual partners and others.

c. The patient can develop strategies to keep the liver healthy. For example, through the avoidance of alcohol and certain drugs that are hepatotoxic, the patient can prevent additional damage to the liver.

d. The patient may develop a better awareness of the risk for other types of viral hepatitis such as hepatitis A and hepatitis B and be vaccinated against those diseases, if appropriate.

e. Early diagnosis and additional tests can help the practitioner refine the diagnosis as well as determine the severity of liver injury caused by hepatitis C.

f. Although there is neither a predictable cure nor vaccine for hepatitis C, treatments are currently available.

2. **Disadvantages**

a. The patient may experience anxiety related to being tested, regardless of the test outcome.

b. There is neither a vaccine nor a predictable cure for hepatitis C. While there are treatments, these medications are still being tested and refined. Therefore, being tested and found positive will not ensure that treatment will work for the patient.

c. The patient needs to be informed that testing positive for hepatitis C could potentially cause:

(1) Disrupted personal relationships.

(2) Inability to obtain life and health insurance.

(3) Difficulties in employment or educational opportunities.

d. The majority of individuals who are diagnosed with hepatitis C are chronic carriers of hepatitis. The patient may experience psychological and physical distress related to being diagnosed with a chronic illness.

(e) Prepare patient for possible test result outcomes and post-test counseling.

1. The patient will receive one of the following test results: negative, positive or indeterminate. Explain that possible retesting may be needed depending on the result outcome and risk factors.

2. Refer to the Hepatitis C Antibody Screening Flow Chart for the Veteran Population (see page A-9).

3. Discuss the limitations of the enzyme-linked immunoabsorbent assay (ELISA). ***NOTE:*** *Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. Morbidity and Mortality Weekly Report (MMWR). 1998; 47(No. RR-19): 18: 10-12.*

a. The newer version of the ELISA has a sensitivity of greater than or equal to 97 percent. This means that the test will detect antibodies in infected patients approximately 97 percent of the time. ELISA will fail to detect antibodies in patients about 3 percent of the time.

b. The false positive rate for the ELISA test is variable. It is important to point out that falsely positive tests may occur. This happens more frequently in groups of people who have a low risk of exposure to hepatitis C. Thus, if the ELISA test is positive, a confirmatory test must be performed.

c. The hepatitis C antibody can be detected in roughly 80 percent of patients within 15 weeks of exposure and >90 percent of patients within 5 months of exposure, and in greater or equal of 97 percent of patients by 6 months after exposure. Blood drawn during the period of initial infection and emergence of antibodies may yield false-negative test results.

d. False-negativity sometimes occurs in those with hepatitis C who are immunocompromised.

e. Presence of antibodies does not differentiate between acute, chronic or resolved infection.

4. Discuss the reliability of the antibody test, and the need for confirmation of test results.

a. Discuss the sensitivity of tests used to diagnose infection. The newer version of the ELISA has a sensitivity of greater or equal than 97 percent. This means that the test will detect antibodies in infected patients approximately 97 percent of the time. The false positive rate of the ELISA test is variable. This means that the test result will occasionally be positive but the more reliable confirmatory test shows no evidence of hepatitis C infection.

b. Address the possible need for supplemental testing such as recombinant immunoblot assay (RIBA) or with polymerase chain reaction (PCR). RIBA is a highly specific test. It is useful in minimizing false-positive results in a low-risk population for infection (e.g., blood donors). PCR identifies hepatitis C virus ribonucleic acid (RNA).

5. Discuss the need for possible confirmation of positive test results or indeterminate results through supplemental testing such as RIBA or PCR.

a. RIBA is a highly specific test. It is useful in minimizing false-positive results in a low-risk population for infection (e.g., blood donors).

b. PCR identifies hepatitis C virus RNA and is highly sensitive, but has not been approved by the Food and Drug Administration (FDA).

c. RIBA and/or PCR for hepatitis C virus RNA may be required in a high-risk population for infection, e.g., injection drug users with normal liver function tests.

6. Schedule a return date to meet with physician, nurse, or counselor to discuss test results and schedule appropriate follow-up appointments. ***NOTE:*** *Each VA medical facility should have a knowledgeable health care professional to provide results and education in a confidential manner. This person should also be available for the patient during the waiting period for test results. Ideally, this person should be a trained counselor who is skillful at providing test results such as a physician, nurse, and/or HIV counselor.*

7. Emphasize the need for the patient to return to clinic for the test result on the scheduled date.

8. Encourage the patient to contact the VA medical center prior to the return appointment if the patient has any questions and/or concerns relating to the testing process.

(e) Provide written information on hepatitis C testing and prevention counseling. ***NOTE:*** *See Attachment C.*

1. Reinforce and supplement testing, prevention counseling and education.

2. Provide the patient being tested for the hepatitis C antibody with current and accurate information and appropriate risk-reduction activities.

b. **Stage 2: Post-Test Counseling**

(1) Inform the patient of the test result. Assist the patient in understanding the meaning of the test result.

(a) Negative Result

1. A negative result means that the test did not detect hepatitis C antibodies in the blood, suggesting that the patient is unlikely to be infected with the hepatitis C virus unless the patient is immunocompromised.

2. Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results, especially in persons who are immunocompromised. In certain cases, additional testing may be necessary.

3. Evaluate the patient's emotional status upon receiving test result.

4. Suggest the necessity of retesting if exposure was recent (within 6 months) and the patient is in a high-risk category (e.g., recent history of injection drug use).

5. Suggest the need for testing for hepatitis C virus RNA if the patient is immunocompromised.

6. Allow time for the patient to ask questions regarding test result and assess the patient's comprehension of the test outcome.

7. Reinforce risk-reduction plan discussed in pretest counseling session.

8. Provide educational materials on hepatitis C prevention and risk-reduction strategies.

9. Discuss resources available to patient within the VA health care system and community.

10. Strongly encourage patient to utilize mental health, substance abuse programs and other resources and/or referrals at VA medical centers and Vet centers.

11. Provide a list of resources within the VA health care system and community that may address the needs of the patient.

12. Document post-test counseling, risk-reduction plan discussed and referrals made.

(b) Indeterminate Result. This means that it is uncertain as to whether or not the patient has hepatitis C. The patient could be in the process of forming antibodies, or other viral or immune factors are present that are not related to hepatitis C. In addition, this result could indicate a laboratory processing error.

1. Additional screening and/or antibody testing is needed to make a formal diagnosis.

2. Document post-test counseling, risk-reduction plan discussed and referrals made.

(c) Positive Result

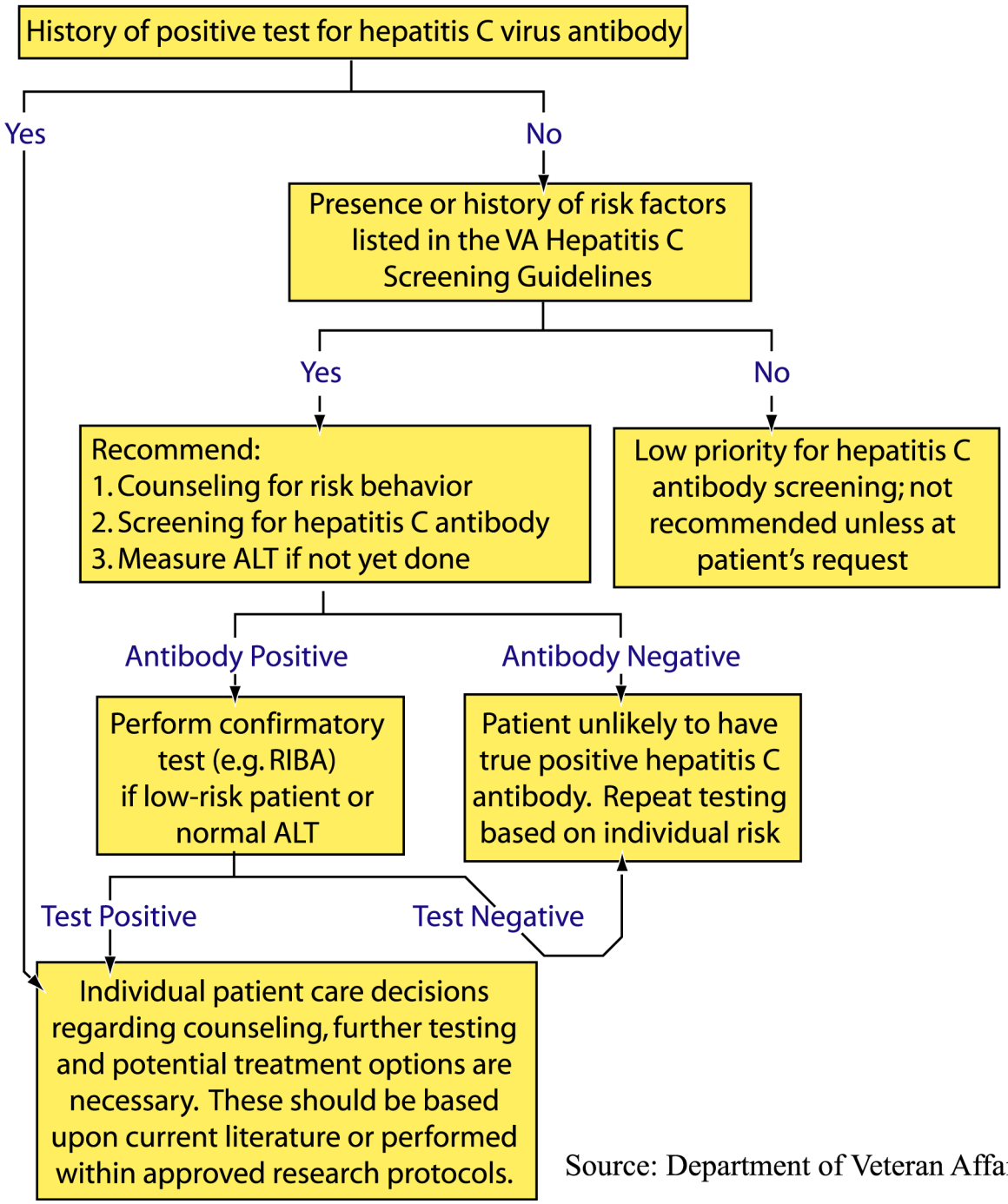
1. Inform the patient that antibodies were detected in the patient's blood, suggesting that the patient may be infected with hepatitis C virus. This result does not indicate whether infection is acute, chronic, resolved or an incorrect result.

2. Evaluate the patient's emotional status upon receiving test result.

3. Discuss the necessity for confirmatory testing. Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results.

4. Discuss the natural history of hepatitis C, emphasizing that while the virus can cause significant morbidity and impair the quality of life, only a minority of infections leads to life-threatening complications.

Hepatitis C Virus Antibody Screening Flow Chart for the Veteran Population



Source: Department of Veteran Affairs

5. Discuss how the virus is transmitted.

6. Discuss how the virus is not transmitted.

7. Discuss resources available to patient within the VA health care system and in the community. Identify VA resources for further assessment, evaluation and support.

8. Provide a list of resources for the patient within the VA and in the community.

9. Discuss issues of disclosure such as notifying others, e.g., household members, sexual partners, and health care providers.

10. Emphasize and illustrate ways to maintain wellness such as the following:

a. Avoid alcohol.

b. Practice good nutrition.

c. Exercise.

d. Encourage patient to check with the health care provider before beginning new medications including herbal treatments.

e. Encourage the patient to get vaccinated against hepatitis A and hepatitis B to prevent superimposed infections if the patient has not had these illnesses or been vaccinated previously.

11. Identify when the patient will return for confirmatory testing and/or medical evaluation.

12. Explain to the patient that supplemental tests may help refine the diagnosis.

13. Encourage patient to discuss results with all sexual or I.V. drug-sharing partners. Make recommendations for partner testing and where testing is available. Provide a list of resources within the community for partner or family testing.

14. Document post-test counseling, risk-reduction plan discussed and referrals made.

6. PREVENTION MESSAGES FOR PERSONS WITH HIGH-RISK DRUG OR SEXUAL PRACTICES. ***NOTE:*** *Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 47(No. RR-19): 18.*

a. **Persons who Use or Inject Illegal Drugs Should be Advised to:**

(1) Stop using and injecting drugs.

(2) Enter and complete substance-abuse treatment, including relapse prevention programs.

(3) Get vaccinated against hepatitis B and hepatitis A.

b. **If Persons are Continuing to Inject Drugs, They are Advised to:**

(1) Never reuse or "share" syringes, needles, water, or drug preparation equipment; if injection equipment has been used by other persons, to first clean the equipment with bleach and water;

(2) Use only sterile syringes obtained from a reliable source (e.g., pharmacies);

(3) Use a new sterile syringe to prepare and inject drugs;

(4) Use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water);

(5) Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs;

(6) Clean the injection site before injection with a new alcohol swab;

(7) Safely dispose of syringes after one use.

c. **Persons Who are at Risk for Sexually Transmitted Diseases should be Advised:**

(1) That the surest way to prevent the spread of HIV infection and other sexually transmitted diseases is to have sex with only one uninfected partner or not to have sex at all.

(2) To use latex condoms correctly and every time to protect themselves and their partners from diseases spread through sexual activity.

(3) To get vaccinated against hepatitis B, and if appropriate, hepatitis A.

7. CDC RECOMMENDATIONS FOR PATIENTS WHO RECEIVE POSITIVE HEPATITIS C VIRUS TEST RESULTS

a. **Protect the liver from further harm**

(1) Avoid alcohol consumption

(2) Do not start new medications, including herbal or over-the-counter medications, without consulting a physician

(3) Get vaccinated for hepatitis A if liver disease is present

b. **Minimize the risk of transmission to others**

(1) Do not share appliances that may have blood on them, such as toothbrushes, dental appliances, razors, nail clippers, etc.

(2) Cover sores or open wounds on the skin to prevent spreading of infectious blood or secretions

c. **Persons with hepatitis C who have one long-term steady sex partner do not need to change sexual practices**

(1) Explain that the risk of transmitting the virus to the uninfected partner is low, but not absent

(2) Discuss the risk with the partner and the possibility of the need for counseling and testing

(3) Discuss the consistent and effective use of barrier precautions, e.g., latex condoms, which may further lower the risk of transmission

d. **Persons with hepatitis C should be evaluated for the presence or development of chronic liver disease**

(1) Assess biochemical test results for evidence of liver disease

(2) Assess the severity of liver disease

(3) Discuss and evaluate possible treatment strategies according to current practice guidelines with a knowledgeable specialist

e. **Other important counseling points**

(1) Hepatitis C is not spread through food or water, nor by sneezing, hugging, coughing, sharing eating utensils or drinking glasses, or casual contact

(2) Persons with hepatitis C should not be excluded from participating in normal, every day activities, such as work, school, play, childcare, etc.

(3) Hepatitis C support groups may help and educate the patient in dealing with the infection

ATTACHMENT B

RESOURCES FOR HEALTH CARE PROVIDERS

The following is a list of organizations that provide information on hepatitis C. ***NOTE:*** *This list was compiled by the Centers of Disease Control and Prevention (CDC) and was last updated January 2001.*

1. American Association for the Study of Liver Diseases (AASLD)
1729 King St., Suite 100
Alexandria, VA 22314-2720
(703) 299-9766
(703) 299-9622 fax
e-mail: aasld@aasld.org
http://www.aasld.org/

2. American College of Gastroenterology (ACG)
4900 B South 31st St.
Arlington, VA 22206
(703) 820-7400
(703) 931-4520 fax
http://www.acg.gi.org/

3. Centers for Disease Control and Prevention (CDC)
Hepatitis Branch; Mailstop G-37
1600 Clifton Road, N.E.
Atlanta, GA 30333
(888) 4 HEP CDC [(888) 443-7232]
http://www.cdc.gov/

4. Digestive Health Initiative
7910 Woodmont Ave., Suite 700
Bethesda, MD 20814
(800) 668-5237
(301) 654-2055
(301) 654-3890 fax
e-mail: mgoslin@gastro.org
http://www.gastro.org/

5. Hepatitis Foundation International (HFI)
30 Sunrise Terrace
Cedar Grove, NJ 07009-1423
(800) 891-0707
(973) 857-5044 fax
e-mail: hfi@intac.com
http://www.hepfi.org/

6. Immunization Action Coalition (IAC) and Hepatitis B Coalition
1573 Selby Ave., Suite 234
St. Paul, MN 55104-6328
(651) 647-9009
(651) 647-9131 fax
e-mail: admin@immunize.org
http://www.immunize.org/

7. National Digestive Diseases Information Clearinghouse (NDDIC)
2 Information Way
Bethesda, MD 20892-3570
(301) 654-3810
(301) 907-8906 fax
e-mail: nddic@info.niddk.nih.gov
http://www.niddk.nih.gov/

8. National Foundation for Infectious Diseases (NFID)
4733 Bethesda Ave., Suite 750
Bethesda, MD 20814
(301) 656-0003
http://www.nfid.org/

ATTACHMENT C

RESOURCES FOR PATIENTS

The following is a list of organizations that provide information on hepatitis C. ***NOTE:*** *This list was compiled by the Centers of Disease Control and Prevention (CDC) and was last updated January 2001.*

1. American College of Gastroenterology (ACG)
4900 B South 31st St.
Arlington, Virginia 22206
(703) 820-7400
(703) 931-4520 fax
http://www.acg.gi.org/

2. American Liver Foundation (ALF)
75 Maiden Lane, Suite 603
New York, NY 10038-4810
(800) GO-LIVER [(800) 465-4837]
e-mail: webmail@liverfoundation.org
http://www.liverfoundation.org/html/livheal.dir/livheal.htm

3. Centers for Disease Control and Prevention (CDC)
Hepatitis Branch; Mailstop G-37
1600 Clifton Road, N.E.
Atlanta, GA 30333
(888) 4 HEP CDC [(888) 443-7232]
http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm

4. Digestive Heath Initiative
7910 Woodmont Ave., Suite 700
Bethesda, MD 20814
(800) 668-5237
http://www.gastro.org/phys-sci/drdan-vhep.html

5. Hepatitis B Foundation
700 E. Butler Ave.
Doylestown, PA 18901
(215) 489-4900
http://www.hepcfoundation.org

6. Hepatitis C Connection
1177 Grant St., Suite 200
Denver, CO 80203
(800) 522-HEPC [(800) 522-4372]
(303) 860-0800
(303) 860-7481 fax
http://www.hepcfoundation.org/

7. Hepatitis Foundation International (HFI)
30 Sunrise Terrace
Cedar Grove, NJ 07009-1423
(800) 891-0707
(973) 857-5044 fax
e-mail: hfi@intac.com
http://www.hepfi.org/

8. Immunization Action Coalition (IAC) and Hepatitis B Coalition
1573 Selby Avenue St. Suite 234
St. Paul, MN 55104
(651) 647-9009
(651) 647-9131 fax
http://www.immunize.org/

9. National Digestive Diseases Information
Clearinghouse (NDDIC)
2 Information Way
Bethesda, MD 20892-3570
(301) 654-3810
(301) 907-8906 fax
e-mail: nddic@inso.niddk.nih.gov
http://www.niddk.nih.gov/

10. National Foundation for Infectious Diseases
4733 Bethesda Ave., Suite 750
Bethesda, MD 20814-5228
(301) 656-0003
(301) 907-0878 fax
e-mail: info@nfid.org
http://www.nfid.org/

ATTACHMENT D

SAMPLE QUESTIONS FOR CLINICIANS TO USE DURING RISK ASSESSMENT FOR HEPATITIS C

NOTE: *Questions 14, 15, 16, and 17 are alcohol related questions (CAGE) Questions.*

1. Why did you come to be tested for hepatitis C?

2. Have you ever been tested for hepatitis C in the past?

   Yes____ No____ Don't know____ Declines to answer____

   If yes, when? _____

3. Have you ever received a blood transfusion or blood products before 1992?

   Yes____ No____ Don't know____ Declines to answer____

   If yes, were you notified by a hospital that the blood product you received was from a donor suspected of having been infected with the hepatitis C virus?

   Yes____ No____ Declines to answer____

4. Have you ever injected drugs?

   Yes____ No____ Declines to answer____

   If yes, do you currently inject drugs?

   Yes____ No____ Declines to answer____

5. Have you ever snorted cocaine?

   Yes____ No____ Declines to answer____

6. Do you use latex condoms and/or other barrier methods every time you engage in sexual activity?

   Yes____ No____ Declines to answer____

7. Have you ever been tested for the human immunodeficiency virus (HIV)?

   Yes____ No____ Declines to answer____

8. How many sexual partners have you had (lifetime)? _____

9. Have you ever had a sexually transmitted disease?

Yes____ No____ List type and how many times _____
_____

10. Have you ever worked in a health care setting?

Yes____ No____ Declines to answer____

If yes, were you ever stuck or cut with a sharp object after it had contact with someone else's blood?

Yes____ No____ Declines to answer____

11. Have you ever been tattooed?

Yes____ No____ Declines to answer____

12. Have you ever had a body piercing? (ears, genitalia, tongue, nipples, etc.)

Yes____ No____ Declines to answer____

13. Have you ever been in a drug treatment program for alcohol or other drugs?

Yes____ No____ Declines to answer____

14. Have you ever you felt that you should cut down on your drinking?

Yes____ No____ Declines to answer____

15. Have people annoyed you by criticizing your drinking?

Yes____ No____ Declines to answer____

16. Have you ever felt bad or guilty about your drinking?

Yes____ No____ Declines to answer____

17. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Yes____ No____ Declines to answer____

18. Have you ever been in combat?

    Yes____ No____ Declines to answer____

    If yes, which era? ____

    If yes, did someone else's blood ever get on your skin?

    Yes____ No____ Declines to answer____

19. Additional Comments:

ATTACHMENT E

INDEX OF PATIENT EDUCATION MATERIALS

The following list of patient education handouts can be downloaded from the Department of Veterans Affairs (VA) hepatitis C Website at http://www.va.gov/hepatitisc ***NOTE:*** *This list was updated June 7, 2001. The patient education section of the Website is frequently expanded and may include additional educational materials not listed on this attachment.*

1. Information on the Liver

a. The Liver
b. Liver Biopsy
c. Liver Cancer: Hepatocellular Carcinoma
d. Liver Transplant

2. Hepatitis C

a. Hepatitis C Quiz
b. Do I Need to Get Tested for Hepatitis C?
c. If You Have Hepatitis C Virus Infection
d. Treatments for Hepatitis C
e. Side Effects of Hepatitis C Treatments
f. HIV and Hepatitis C
g. Coping with HCV Infection: Diet and Nutrition
h. Coping with HCV Infection: Alternative or Complementary Approaches
i. Sex and Hepatitis C
j. Challenges of HCV Treatment for Veterans in Drug and Alcohol Dependency Recovery Programs
k. Clinical Trials and Hepatitis C Treatment

3. Hepatitis B

a. Hepatitis B Virus (HBV)
b. Chronic Hepatitis B
c. Hepatitis B Treatments

4. Hepatitis A

a. Hepatitis A Virus (HAV)
b. About the Vaccine for Hepatitis A